



Last Updated: 03/09/2022

Integration of Acute and Long Term Care Services - Phase I

Governor Timothy Kaine, with support from the 2006 General Assembly, set in motion a major reform of the Virginia Medicaid funded long-term care services program, which will focus on care coordination and integration of acute and long-term care services for our most vulnerable citizens—low-income seniors and individuals with disabilities.

Currently, more than 49,000 elderly and persons with disabilities (who are Medicaid only) have their health care needs successfully managed by one of five Medicaid contracted managed care organizations (MCOs) serving 110 localities across Virginia. However, once these recipients become eligible to participate in a home-and-community based waiver, they are moved out of a managed care environment and into Fee-for-Service. This disruption in care does not promote continuity of care for the enrollee and is costly for the Commonwealth.

Effective September 1, 2007, DMAS will commence with the integration of Acute and Long Term Care Services (Phase I). As part of the program, once a Medicaid managed care enrollee is approved for enrollment into a Medicaid home-and-community based waiver (excluding those enrolled into the Technology Assisted Waiver), they will remain in their assigned MCO for their medical services, and transportation to medical appointments. Their home-and-community based care waiver services, including transportation to the waived services, will be paid through the Medicaid Fee-For-Service program as a “carved out” service. This program change will prevent enrollees from having to change from their current MCOs for their medical care and will eliminate disruptions in care. Phase I will impact approximately 500 enrollees per year.

Please refer to the attached FACT SHEET for detailed information on the program.

HOME-AND-COMMUNITY BASED WAIVER SERVICES PROVIDERS



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All current home-and-community based waiver enrollment and prior authorization service requirements processes and limitations will remain in effect.

VERIFY CLIENT ELIGIBILITY

Providers are encouraged to verify the recipient's eligibility to avoid unnecessary delays associated with prior authorization submissions to an incorrect payer source. The prior authorization processes currently in place will remain the same.

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>.

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The MediCall voice response system will provide the same information and can be accessed by calling 1- 800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access prior authorization information including status via iEXCHANGE at <http://dmas.kepro.org/>.

QUESTIONS

DMAS is working to make the transition to the program as seamless as possible for recipients and providers. In order to facilitate this transition, DMAS will hire two designated staff members to address any questions or issues that arise regarding authorization, coverage, and provision of services, and to work with the MCOs to coordinate care between providers and the MCOs.

Questions about the program also may be sent via email to



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ALTC@dmas.virginia.gov. Information is posted on the DMAS website at <http://www.dmas.virginia.gov/altc-home.htm>. The Department will post and continually update Frequently Asked Questions (FAQs) for providers and recipients at this webpage.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays. The "HELPLINE" numbers are:

1-804-786-6273 Richmond area and out-of-state long distance

1-800-552-8627 All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the "DMAS Content Menu" column on the left-hand side of the DMAS web page for the "Provider Services" link, which takes you to the "Manuals, Memos and Communications" link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.

PROVIDER E-NEWSLETTER SIGN-UP

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include



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changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at www.dmas.virginia.gov/pr- enewsletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.